SERIAL:NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) 10/049272 CLAIMS AFTER 2nd AMENDMENT AS FILED AFTER IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. INC DEP. :0 <u>! 2</u> <u>:3</u> $\overline{0}$ <u>: 5</u> :6 :7 :9 <u> 20</u> <u> 71</u> J. 1/5 ,26 27 28 19 30 1/4 /ô 80. ō /AL MAL BOTAL MAY BE LED FOR ADDITIONAL CLAIMS OR AMENDMENTS . US DESTMENTS COMMERCE